



Division of Laboratory Services
630 Hart Lane
Nashville, TN 37216
615-262-6300
<https://www.tn.gov/health/topic/lab>

Disease/Agent Suspected or Test Requested:

***Neisseria meningitidis*, PCR**

Provider Requirements	Isolate submission REQUIRED.
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none">• Culture isolate• Isolates from normally sterile sites
TDH Requisition Form Number	PH-4182
Media Requirements	Chocolate slant
Special Instructions	
Shipping Instructions	<ul style="list-style-type: none">• Ship Room Temperature/Ambient• CSF should NOT be frozen or refrigerated for bacterial testing.
Laboratory Section Performing Testing	Bacteriology
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).